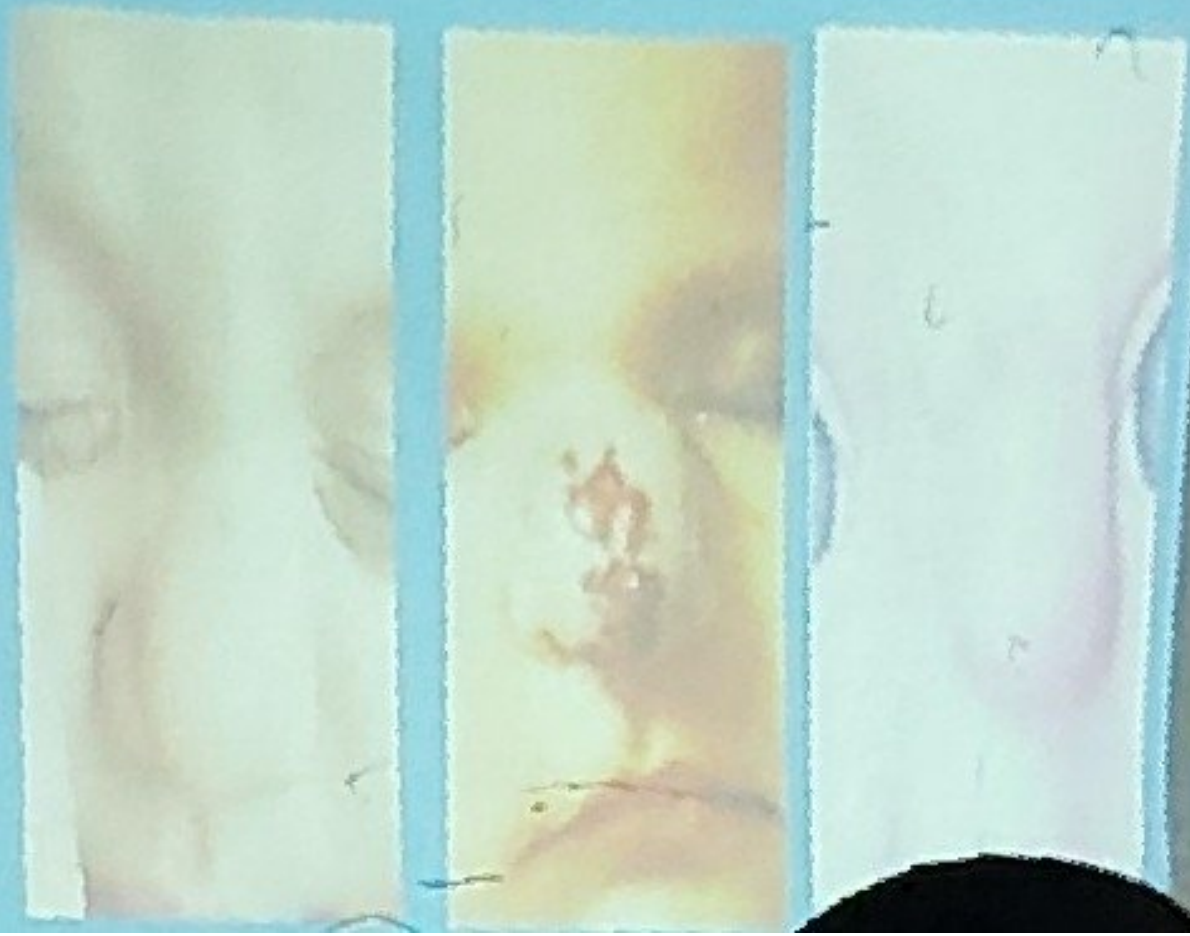
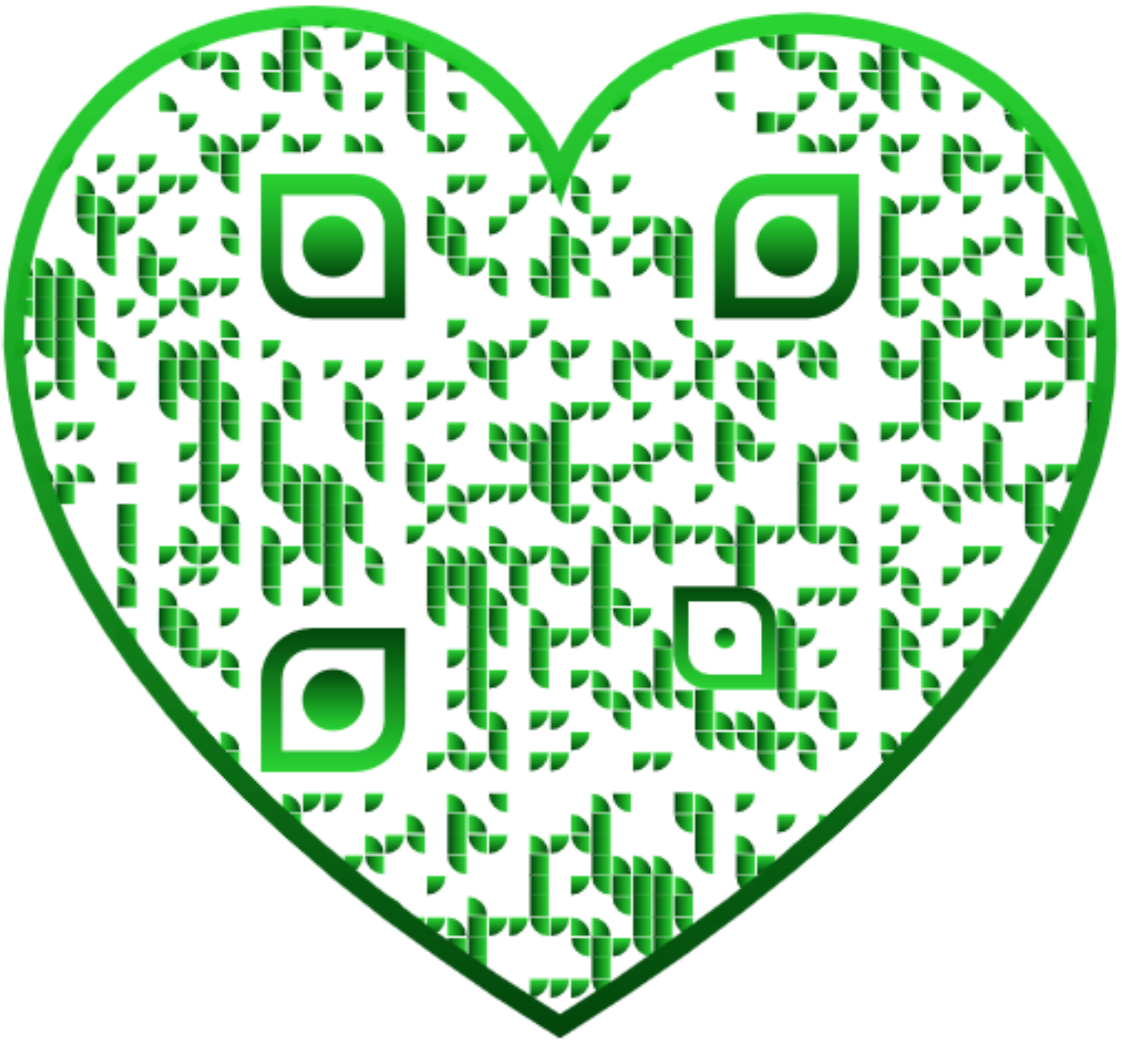
EXAMINATION OF EXTERNAL NOSE

O INSPECTION

- External deformity - deviation, crooked /saddle /hump
- Scar/sinus
- Skin colour change - rash
- Widening of nasal bridge - Swellings - cysts, tumours





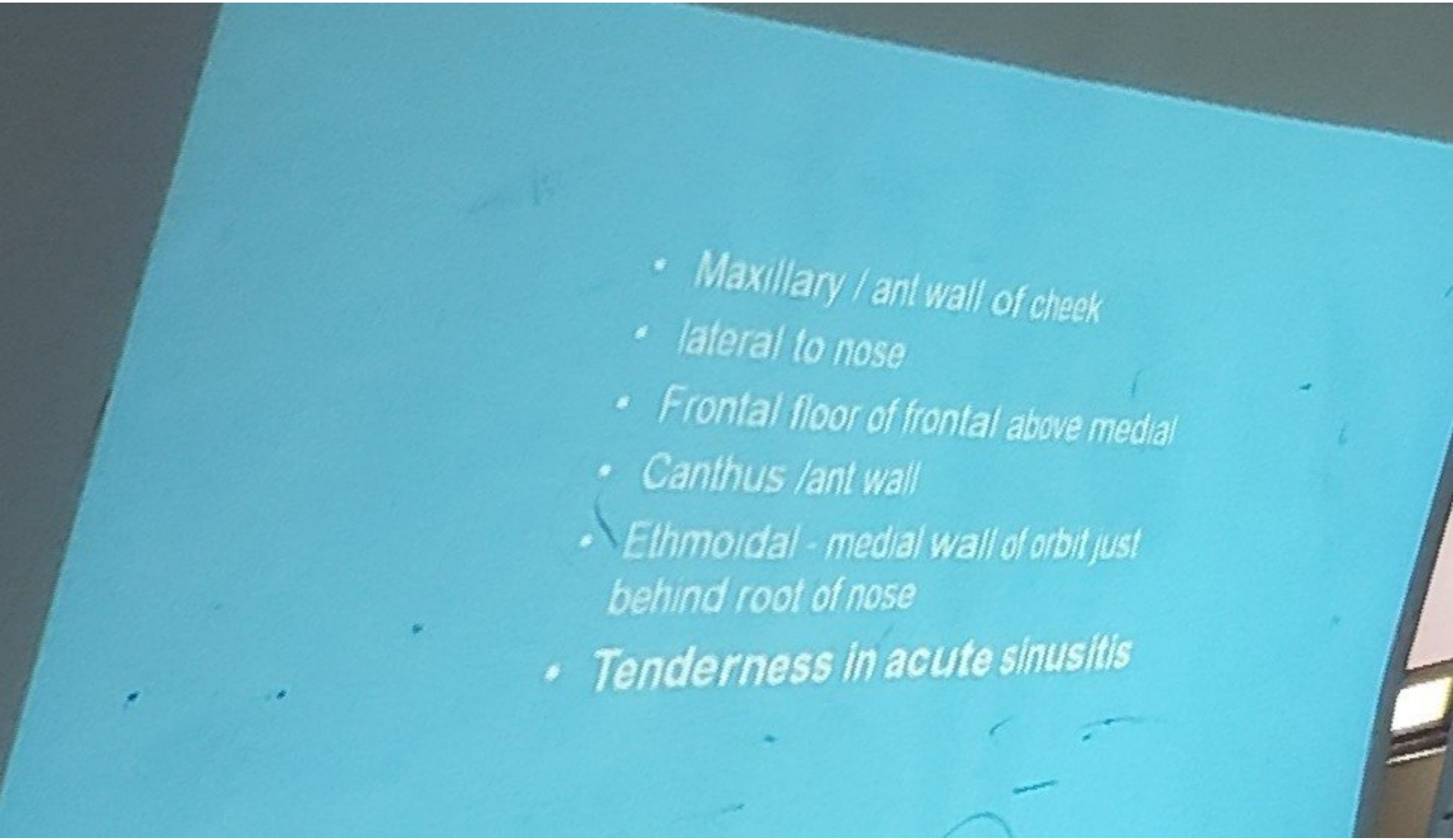
o PALPATION

- Superficial and deep (pressure applied)
- With thumb and index finger
- Temperature
- Fixity of skin/mobility

o Tenderness

Bony framework/shape change

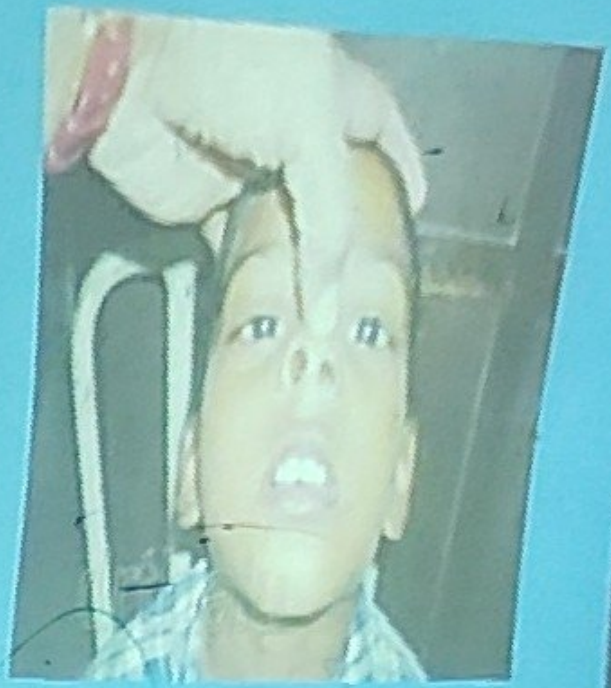
- Crepitus - #


• Maxillary / ant wall of cheek
• lateral to nose
• Frontal floor of frontal above medial
• Canthus /ant wall
• Ethmoidal - medial wall of orbit just behind root of nose
• Tenderness in acute sinusitis

ANTERIOR NARES AND COLUMELLA

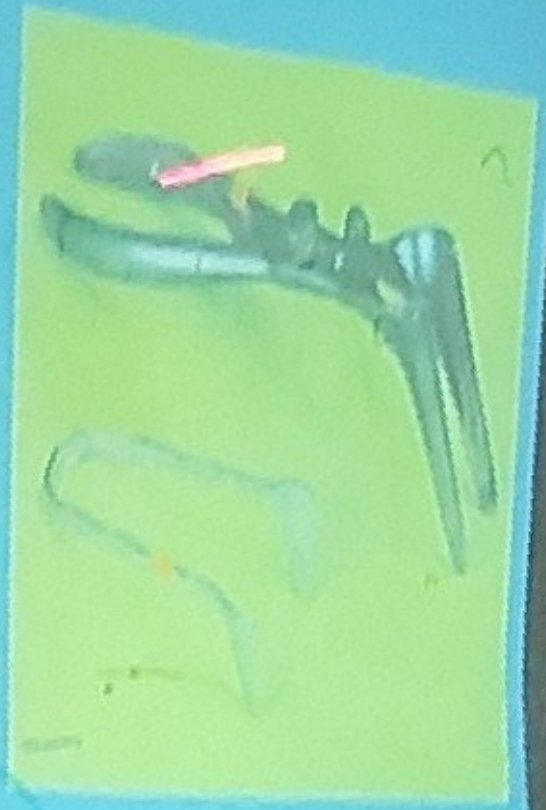
- Symmetry
  Caudal dislocation

- Vestibule - lifting tip of nose (Not on rhinoscopy)
- Erythema • Ulcer
  Perforation
  Crusting
  Furuncle

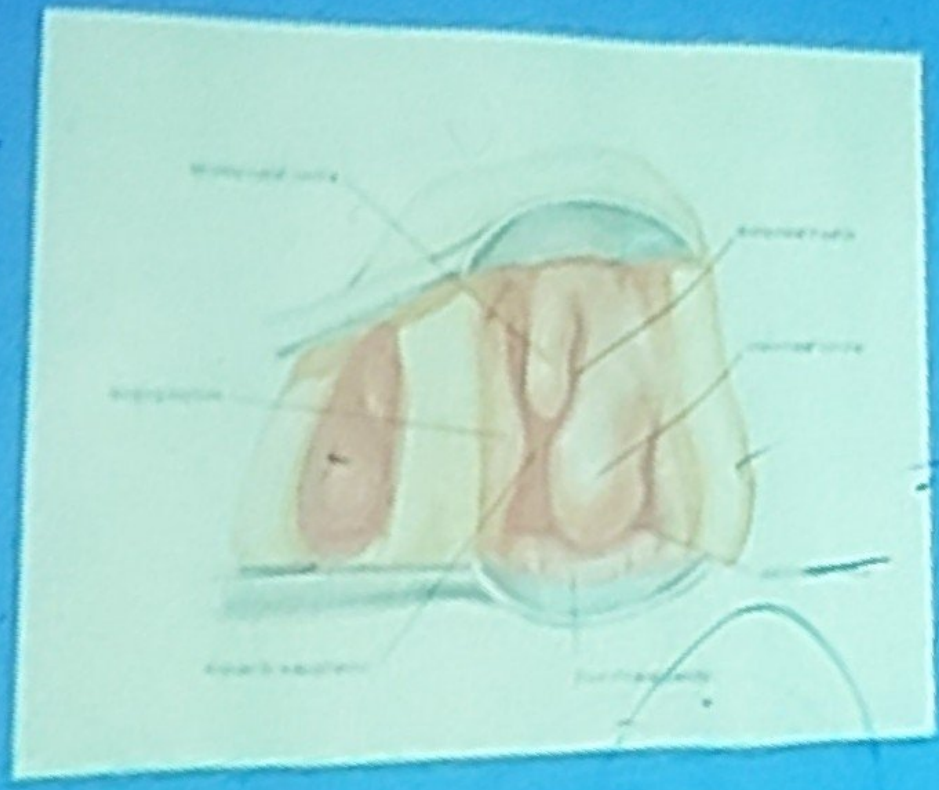


ANTERIOR RHINOSCOPY

- Vienna/Thudicum/Killians Nasal Speculum
  Topical decogestants/ Xylocaine
- Left hand
- Widen the vestibule/ Never touch septum
  Speculum close introducing/partial open removal
- Inferior turbinate- ant end/middle turbinate
  Inf/middle meatus discharge/polyp
- Nasal septum - spur/deviation
- Floor of nasal cavity

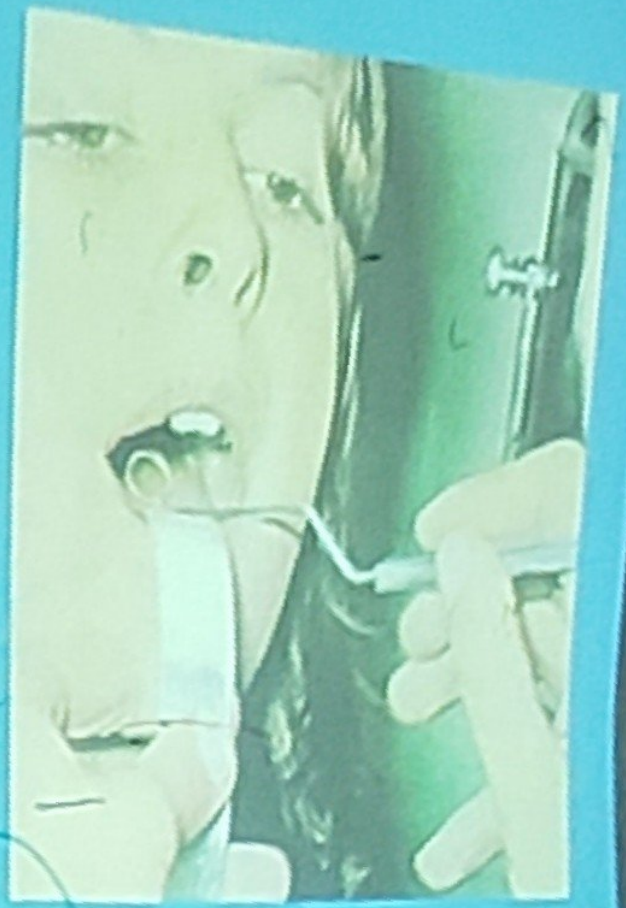


Anterior rhinoscopy

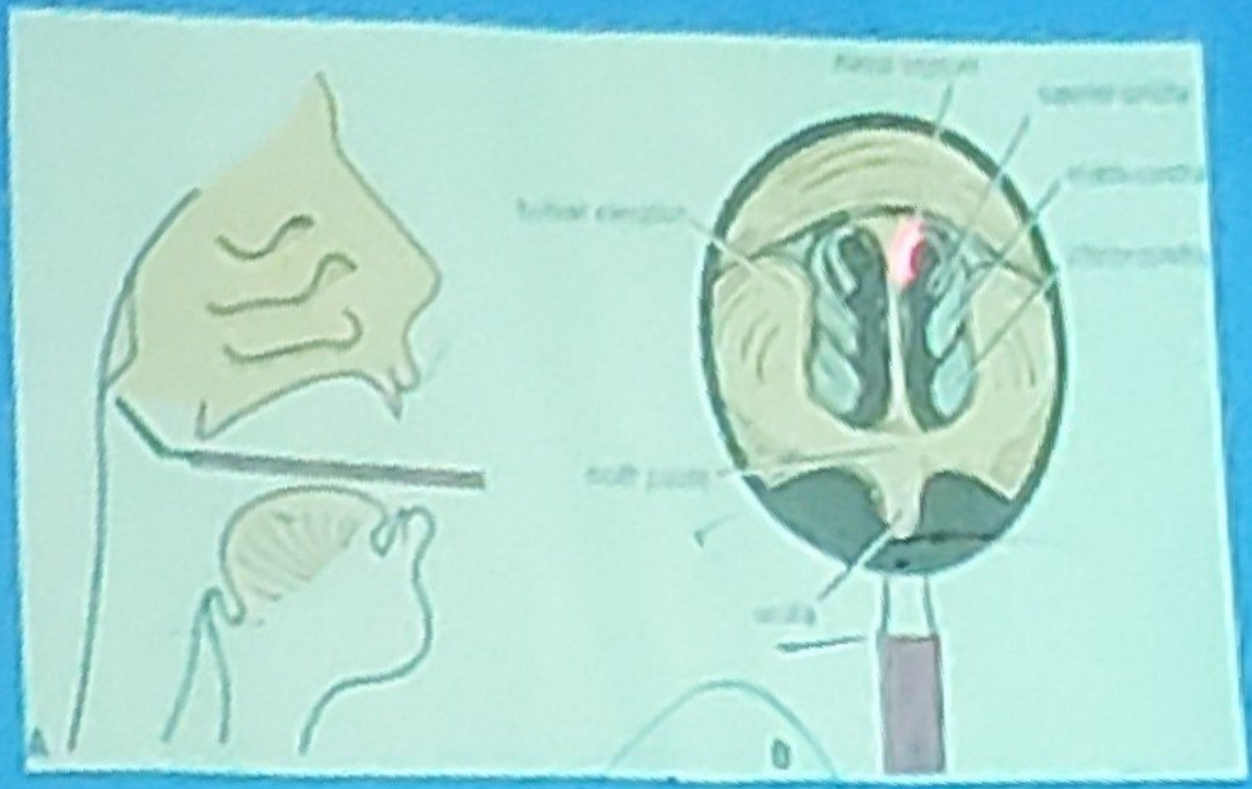


POSTERIOR RHINOSCOPY

- Post rhinoscopy mirror
- Warm on mirror side
- Breathe through nose - relax soft palate • Tongue depressor
- Don't touch oropharynx - gag reflex
- Choana/ post end of septum and turbinates , E.T orifices/ fossa of rosenmuller/ adenoids • Look for polyp/ mass/ epistaxis/ pus

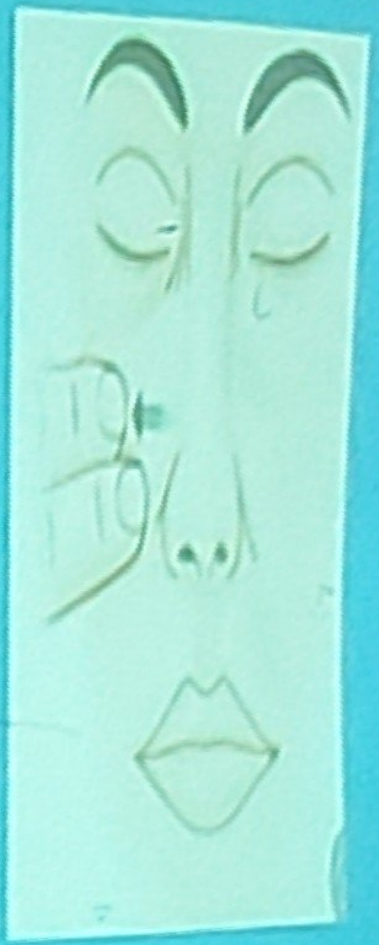


Posterior rhinoscopy



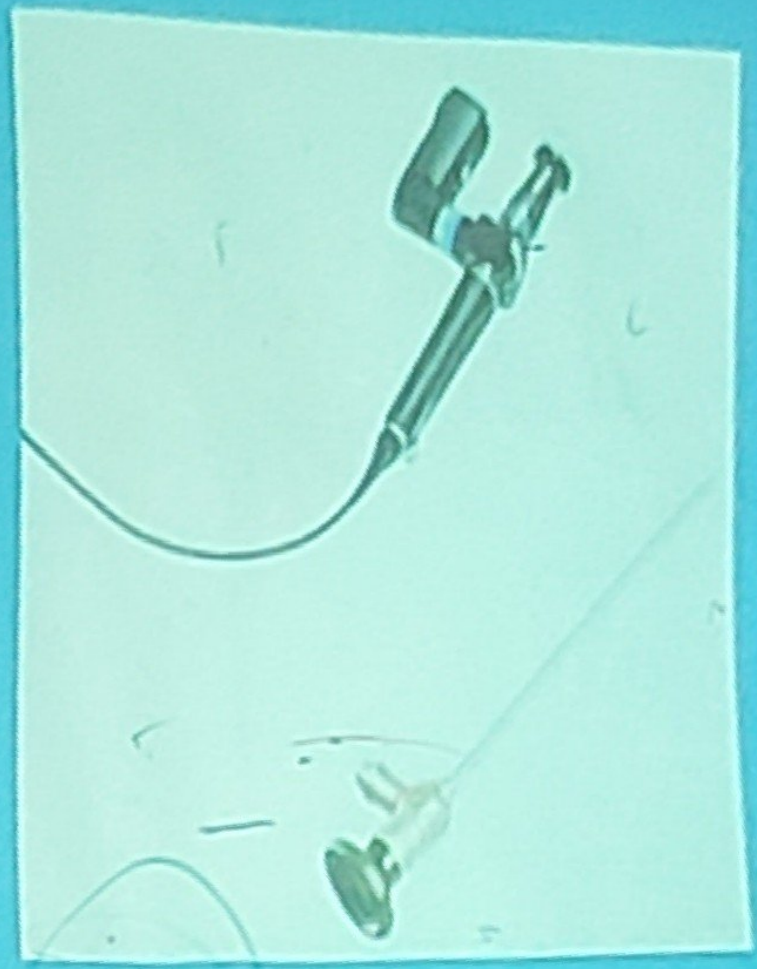
FUNCTIONAL TESTS OF NOSE

- COLD SPATULA TEST
- COTTON WOOL TEST
- COTTLE TEST



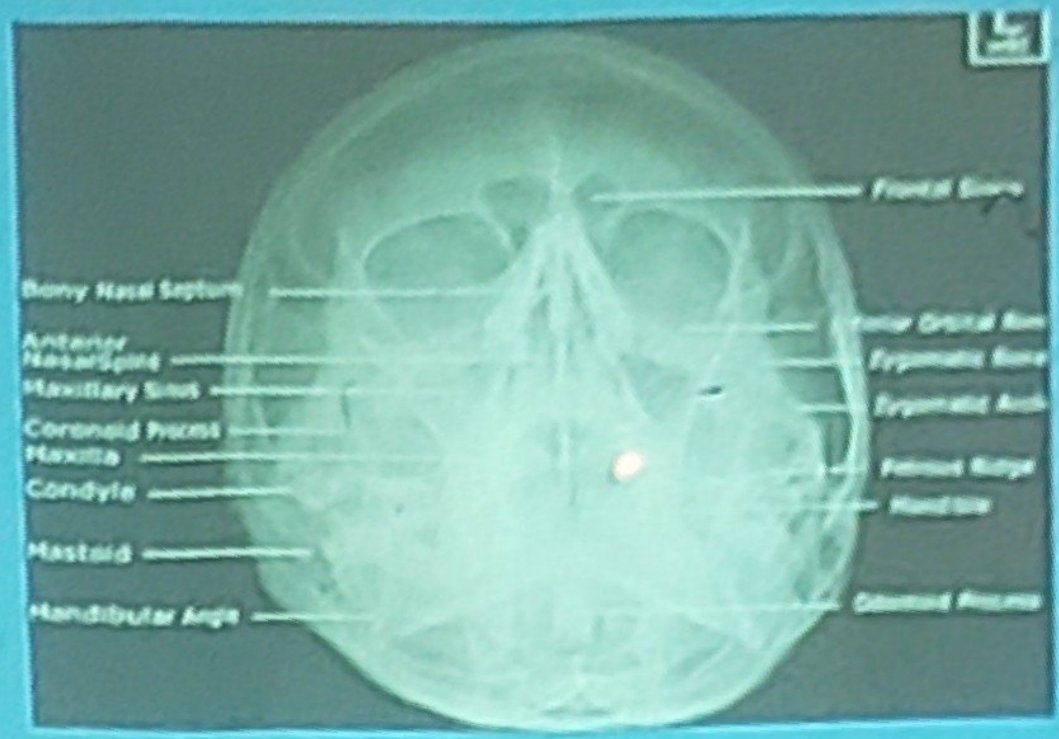
INVESTIGATIONS FOR NOSE ANDPNS

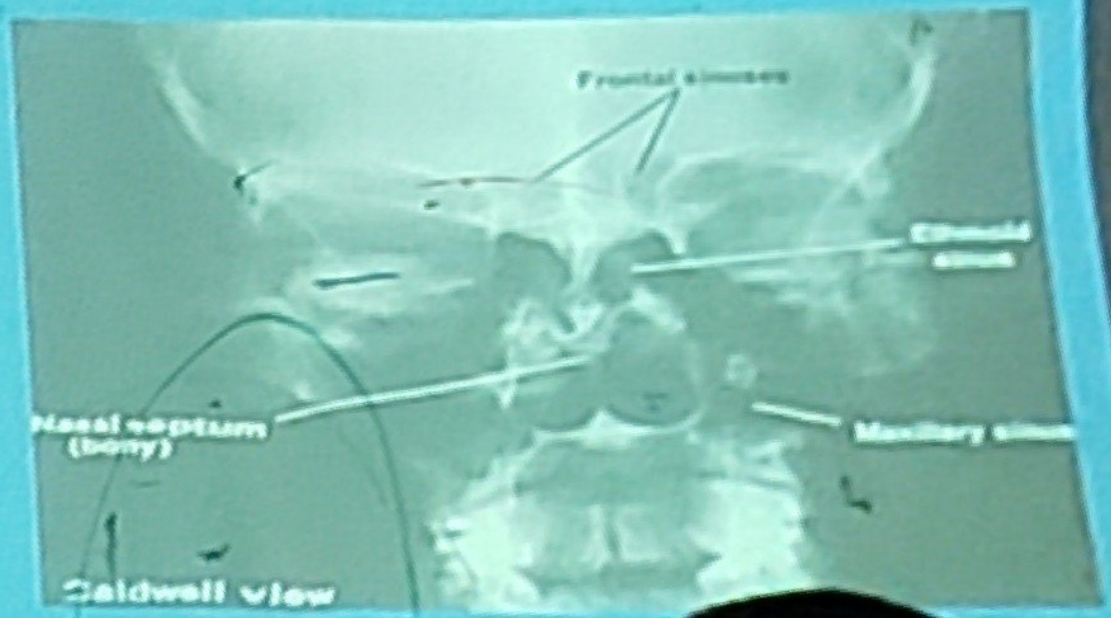
- **DIAGNOSTIC NASAL ENDOSCOPY**
- Excellent magnification/ good light/ detailed examination
- Rigid using angled nasal endoscopes
- Flexible
- Anaesthesia - Lignocaine
- 1st pass - inf meatus, NLD, nasopharynx
- 2nd pass - sup meatus,
- 3rd pass - middle meatus



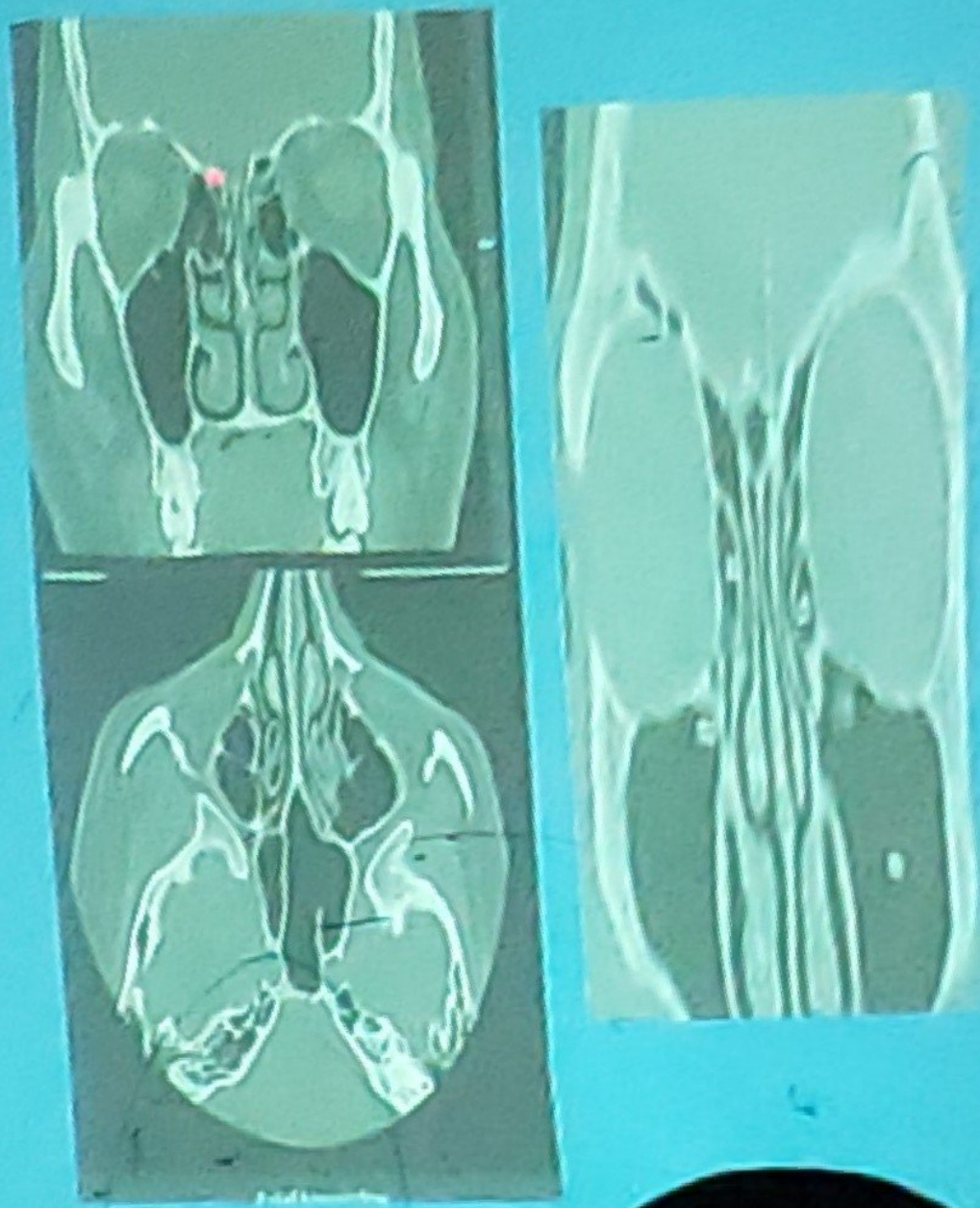
RADIOLOGICAL INVESTIGATIONS

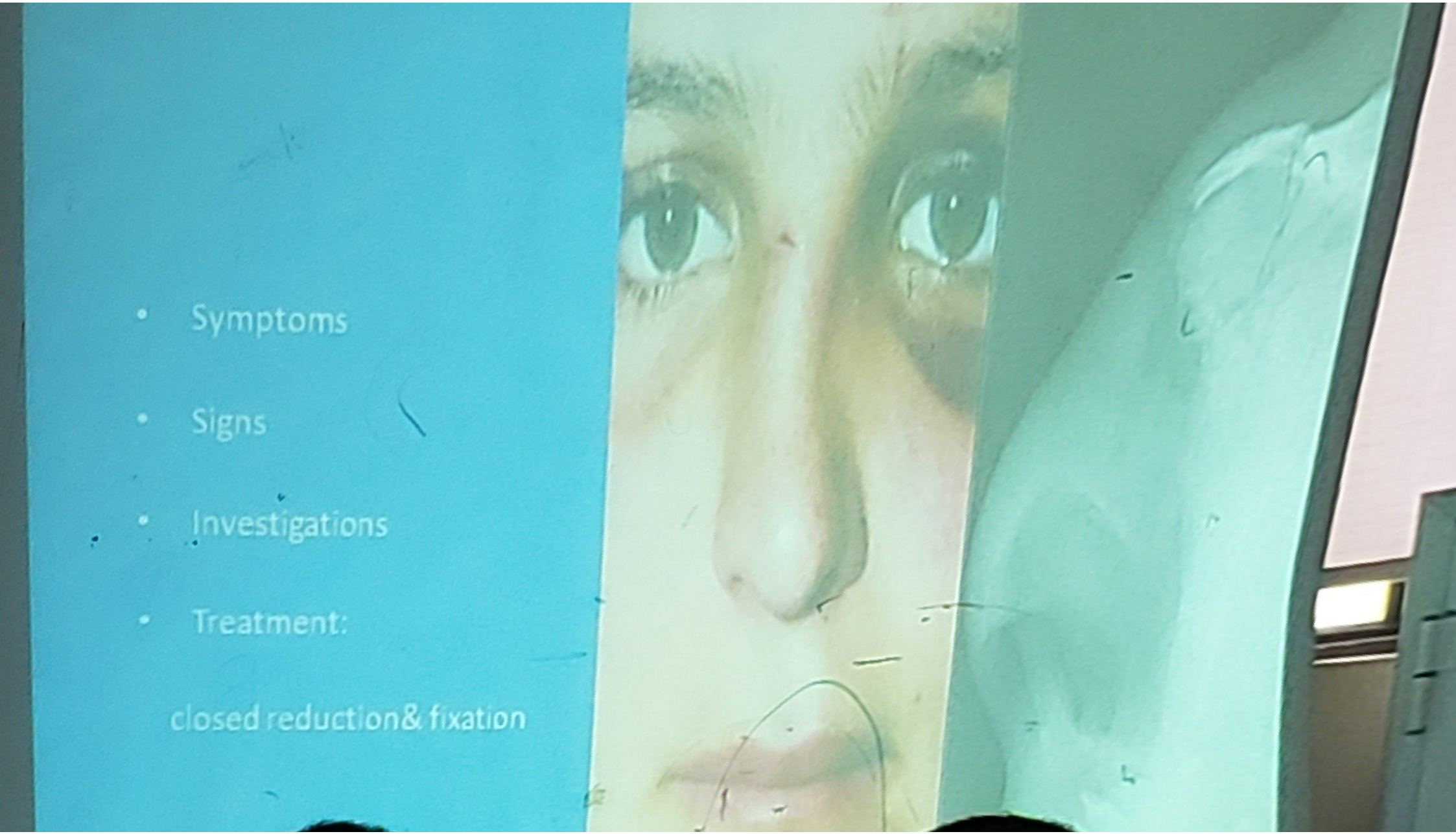
- **PLAIN X RAY**
- Water's view occipito mental view with mouth Open(tip of nose and chin touch the plate)- for maxillary, frontal, sphenoid sinus
- Caldwell's view occipito frontal view – (tip of nose and forehead touch the film) for frontal sinus, nasal cavity, orbit
  - o Best for frontal
- Lateral view - for ethmoid, sphenoid and adenoids

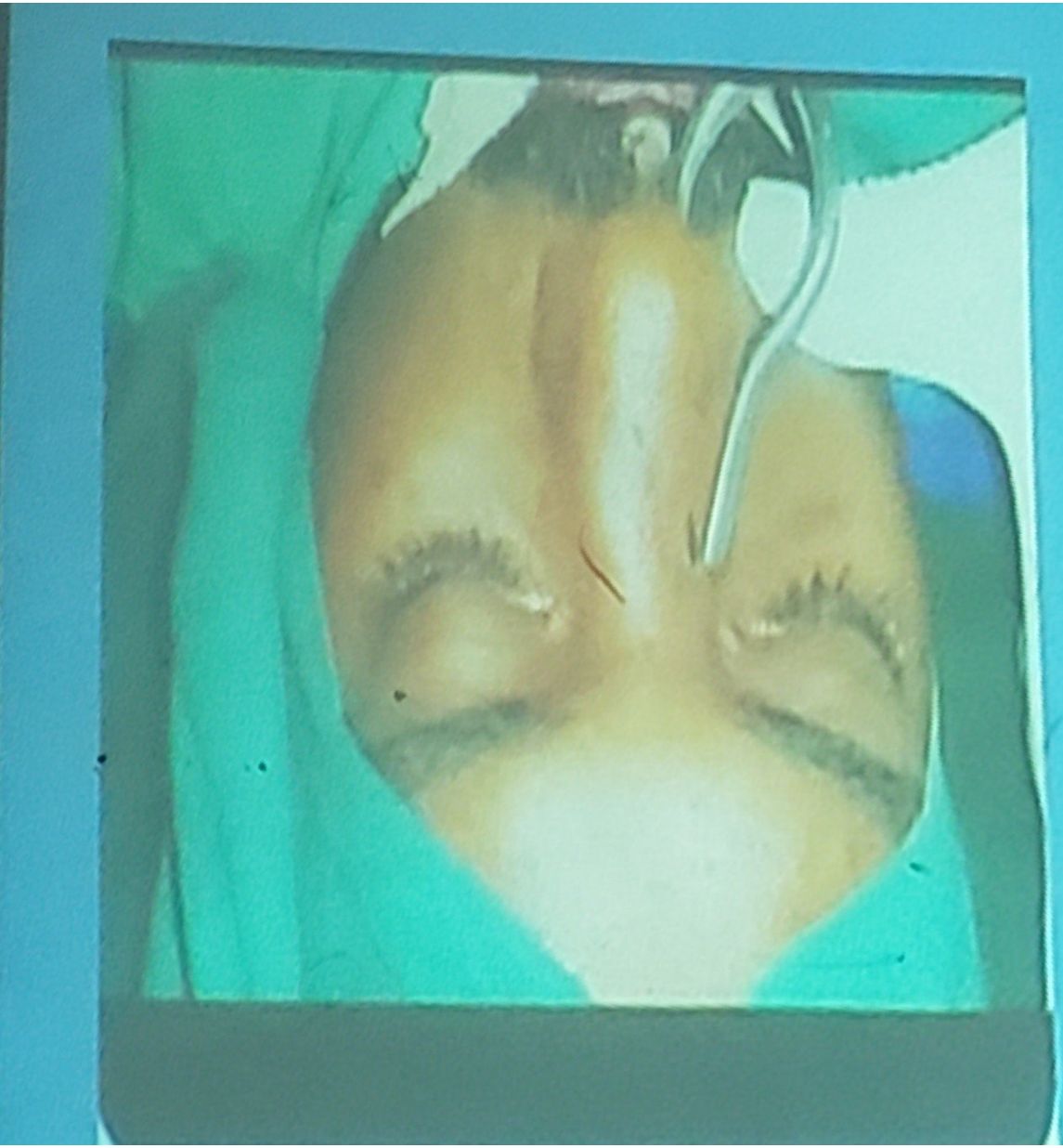




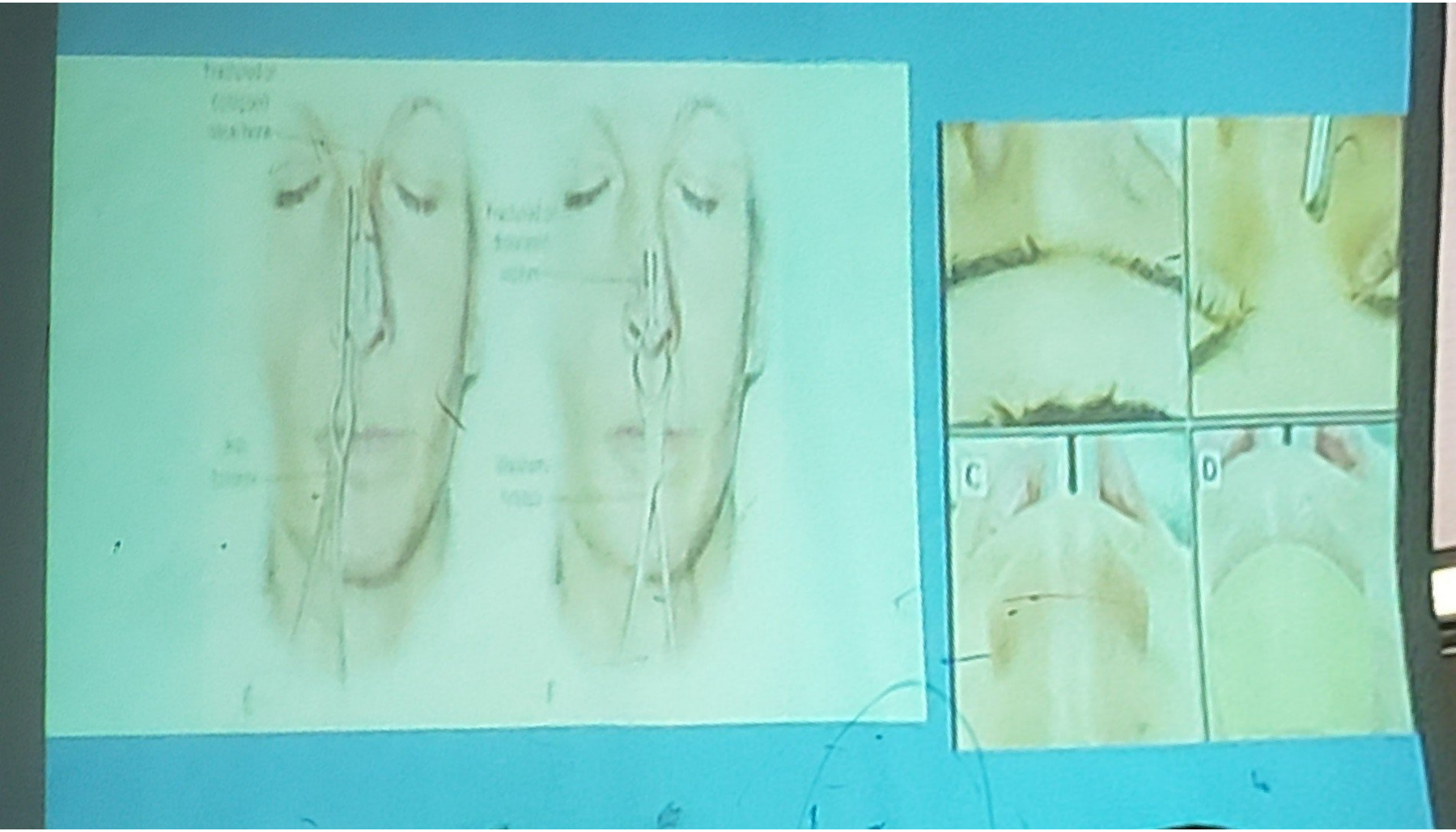
- **CT SCAN**
- Extent of disease/OMC/ cribriform plate/ lamina papyracea/ optic nerve/ carotid artery
- Bony destruction
- **MRI**
- Tumour extension into cranial cavity/ orbit/ congenital malformations/ glioma/ encephalocele



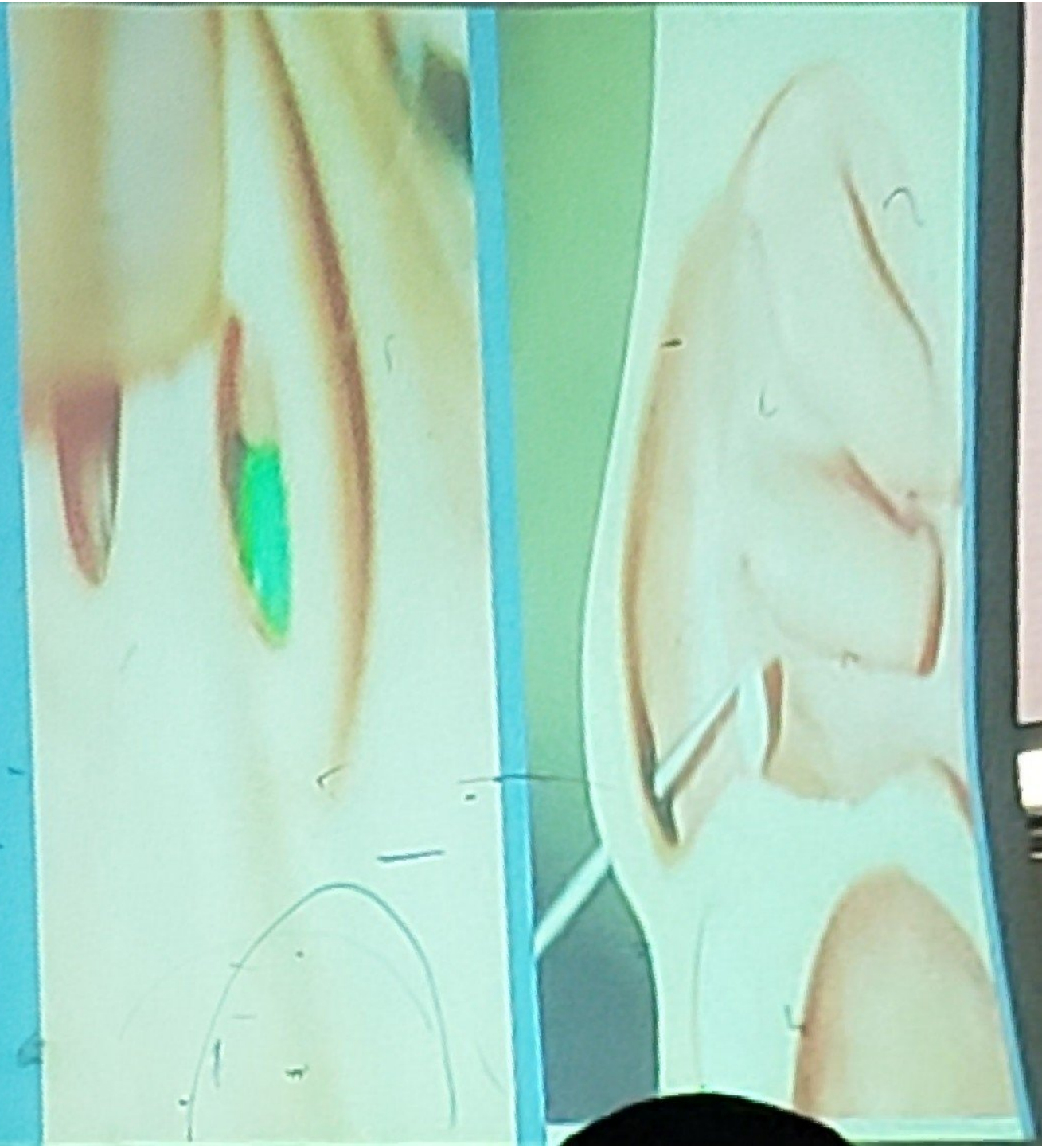

• Symptoms
• Signs
• Investigations
• Treatment:
closed reduction& fixation



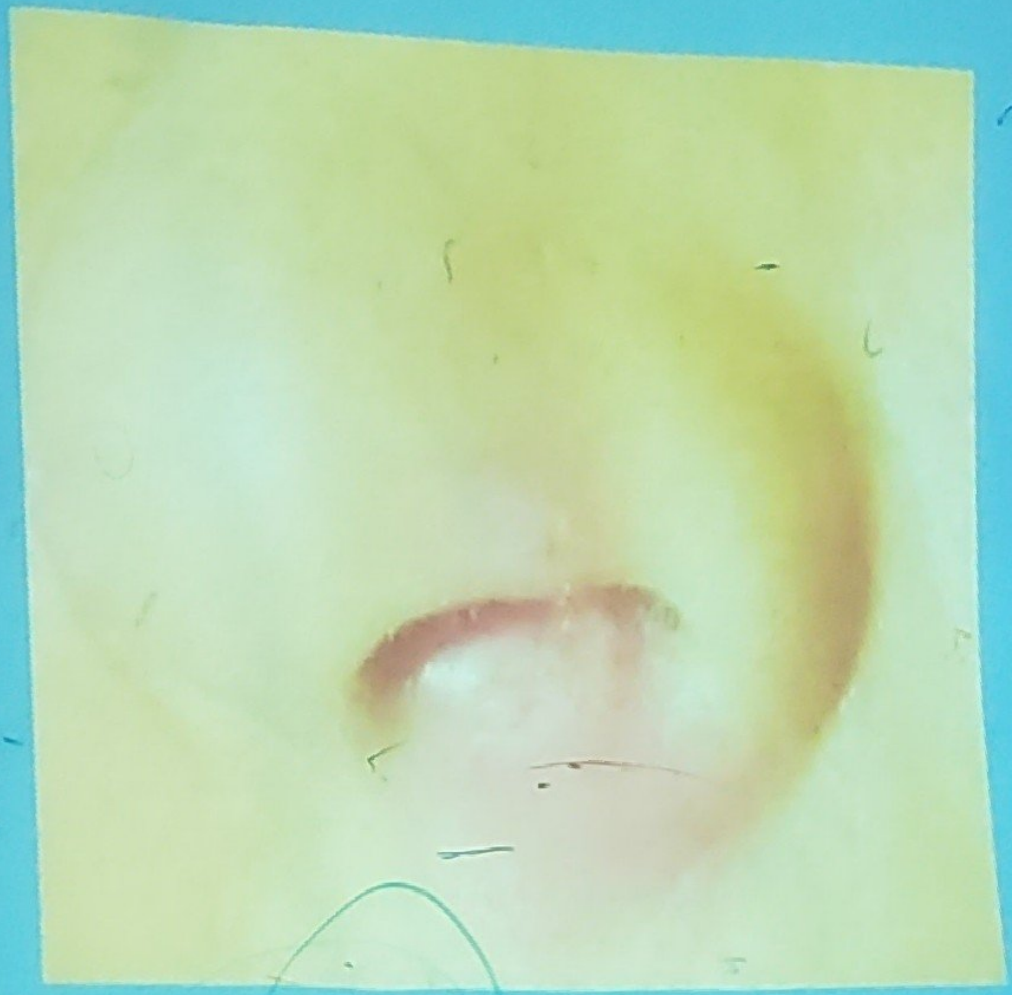
Aufi Forceps
Walsham forceps


C
D

- Type of FB
- Symptoms
- Signs
- Complications
- Treatment



- Symptoms
- Signs
- Complications
- Treatment :
  - medical
  - surgical



- Causes
- Symptoms
- Signs
- Investigations
- Treatment
- SMR / Septoplasty

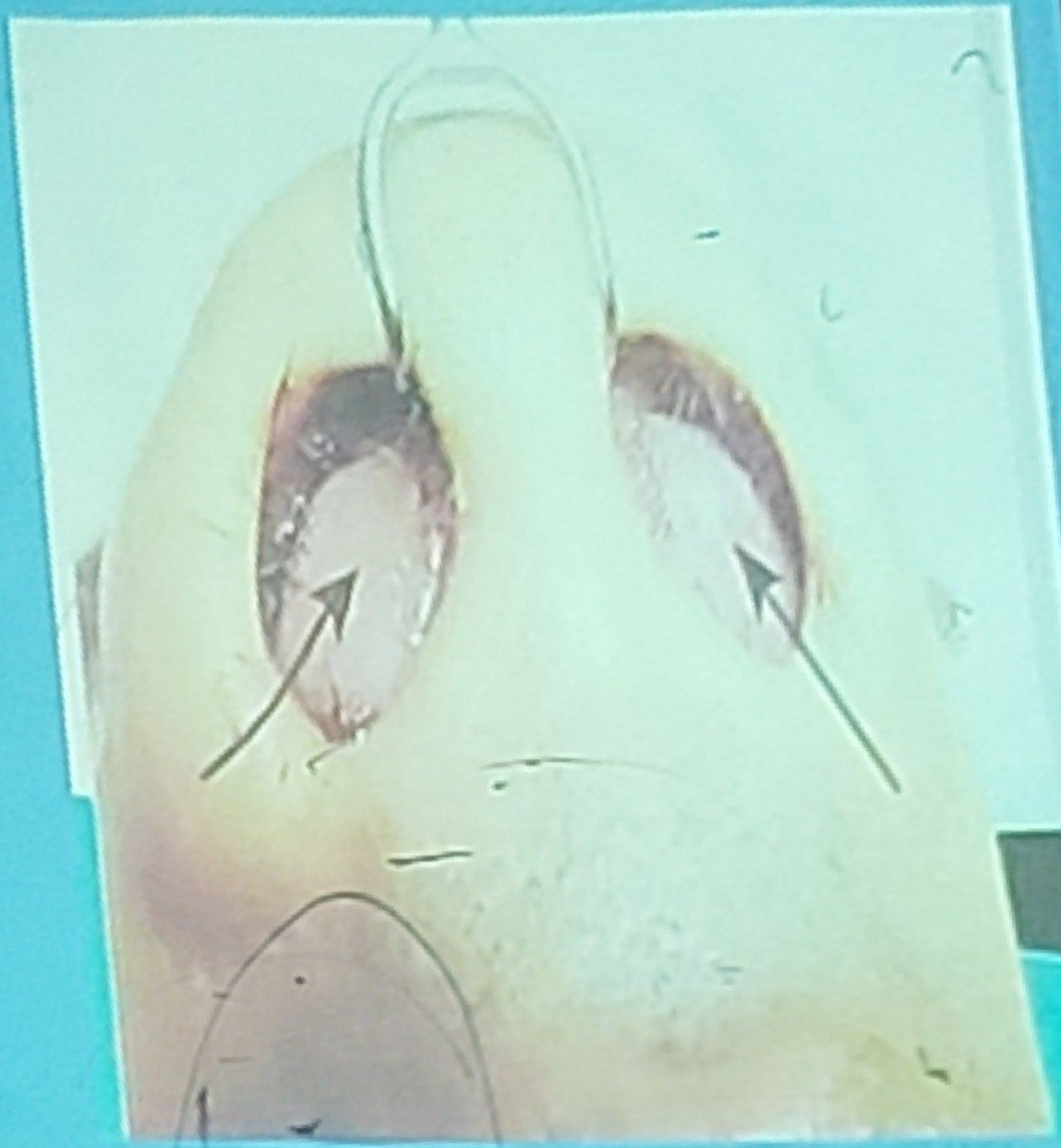
Types of DNS (Deviated Nasal Septum)

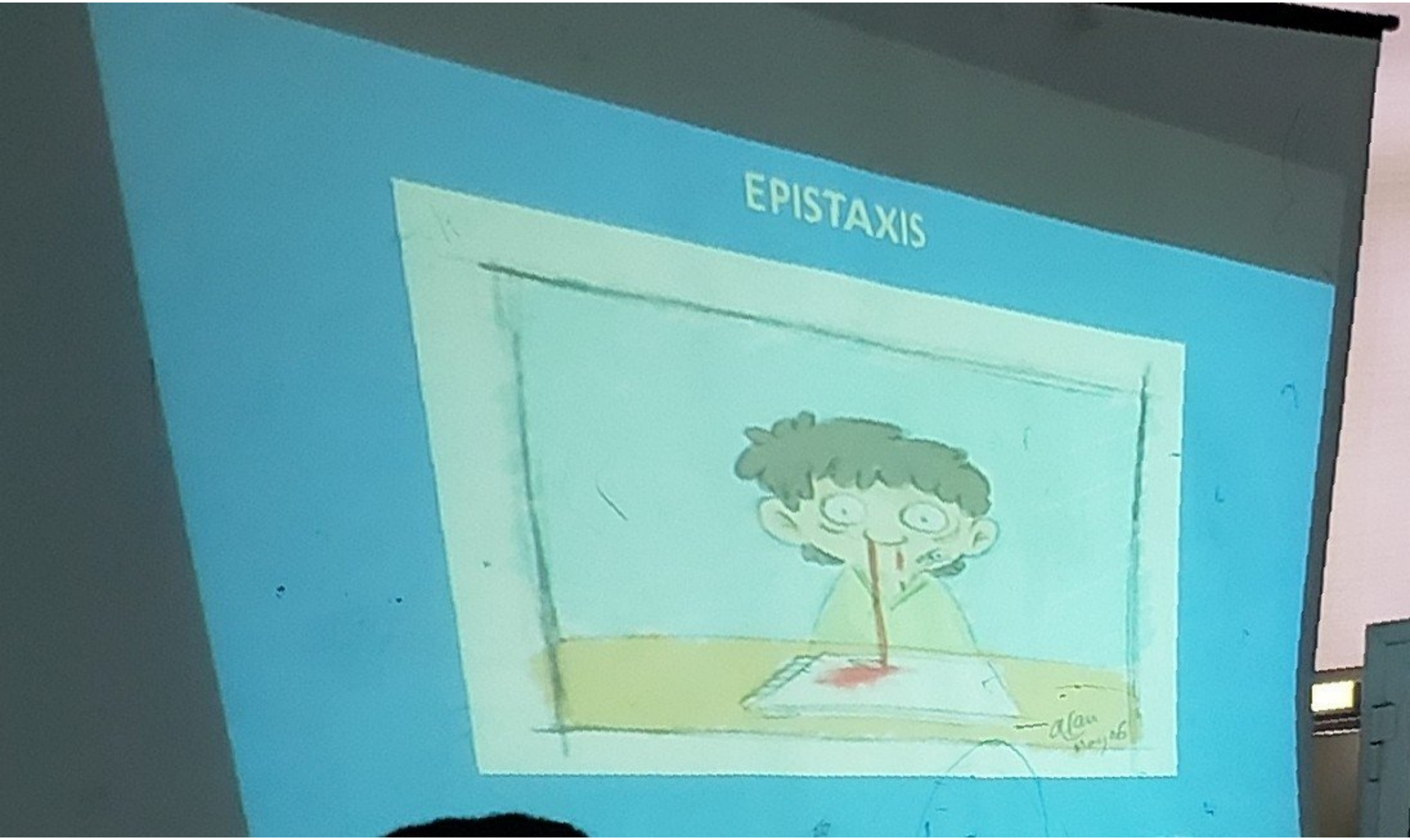
Fig.31.4

SCAN your nose

- S -shaped deformity
- C -shaped deformity
- Anterior dislocation
- Nasal spur

- Causes
- Symptoms
- Signs
- complication
- Treatment
- I/D , pack




EPISTAXIS

EPISTAXIS

causes

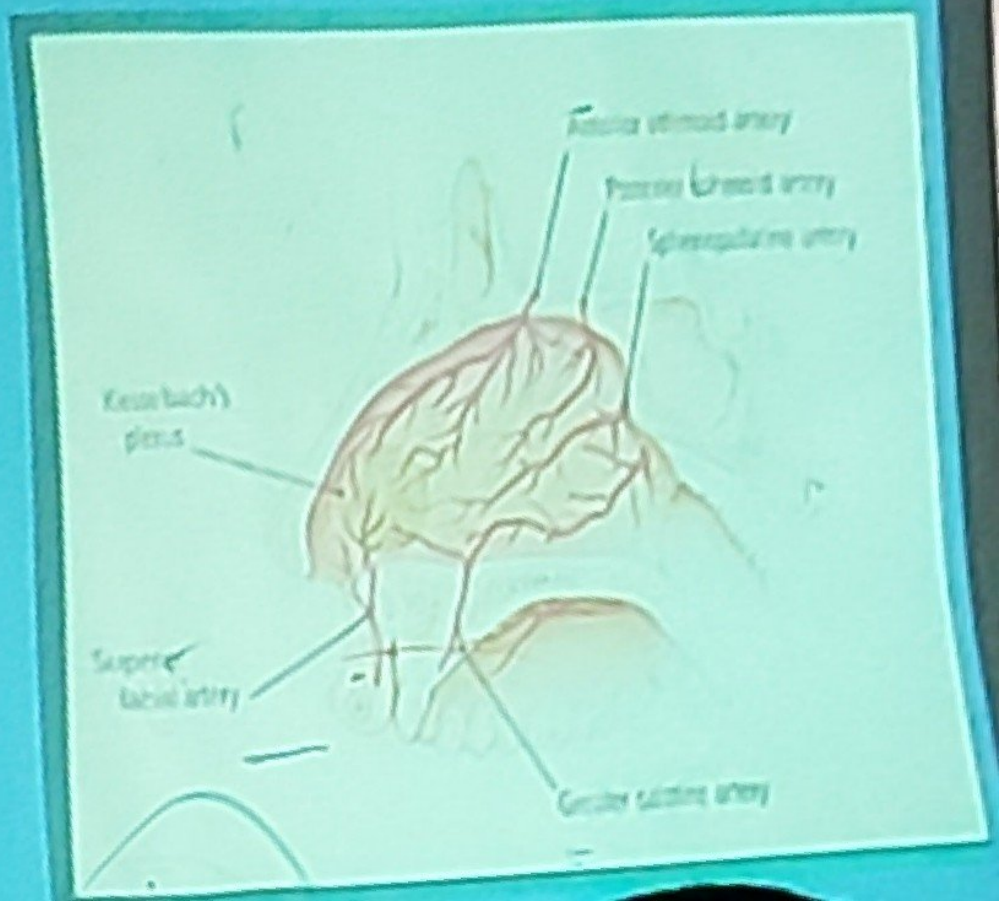
1)Local causes

- Idiopathic (90 %)
  (littles area)
- Trauma
- Inflammatory
- Neoplastic
  Nasal / NP
- Miscellaneous
  DNS

EPISTAXIS

- **SITES OF EPISTAXIS :**
- Little's area. In 90% cases
- Above the level of middle turbinate.
- Below the level of middle turbinate.
- Posterior part of nasal cavity.

- **CLASSIFICATION OF EPISTAXIS :**
- **Anterior epistaxis :**
- **Posterior epistaxis :**
- Blood flows back into the throat.
- "Coffee coloured" vomitus.



Management :

In any case of epistaxis, it is important to know:

1) Mode of onset.

2) Duration and frequency of bleeding.

3) Amount of blood loss.

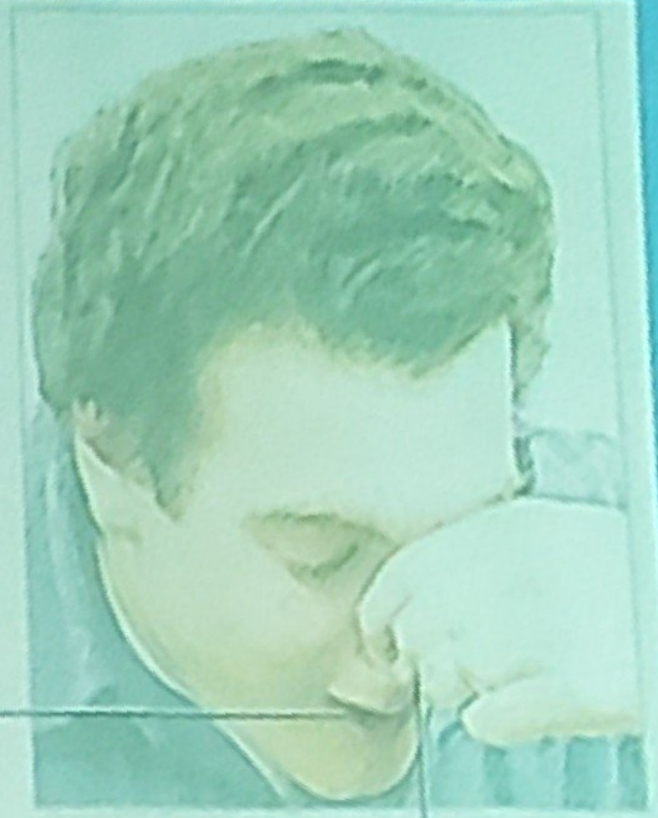
4) Side of nose from where bleeding is occuring.

5) Whether bleeding is of anterior or posterior type.

6) Any known bleeding tendency in the patient or family. 7) History of known medical ailment (hypertension, leukaemias, mitral valve disease, cirrhosis, nephritis).

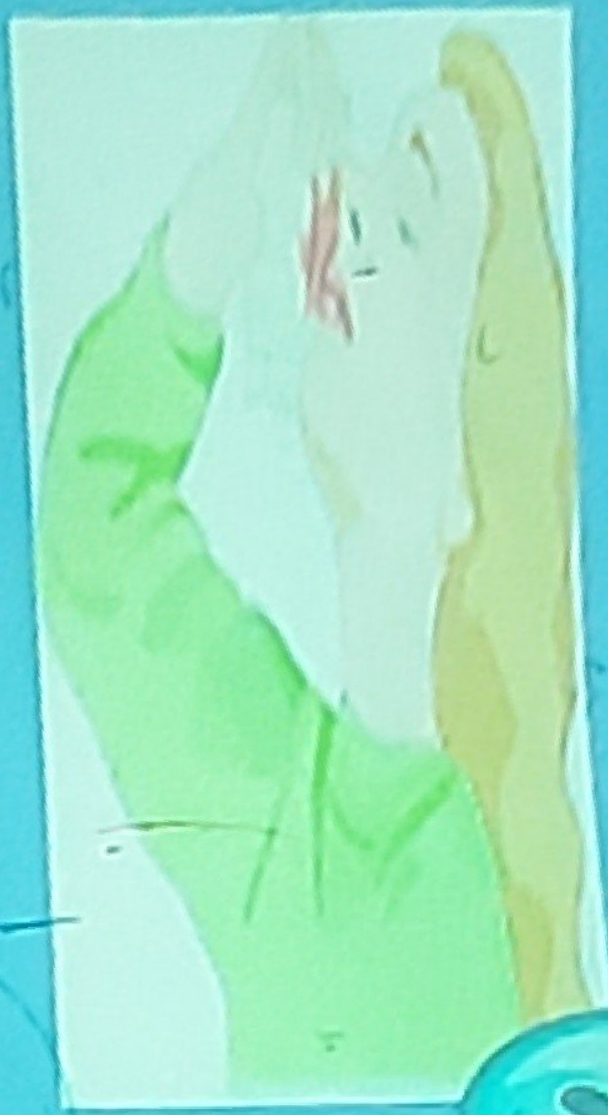
8) History of drug intake (analgesics, anticoagulant, etc.)

Sentarse e inclinarse levemente hacia adelante



Respirar por la boca

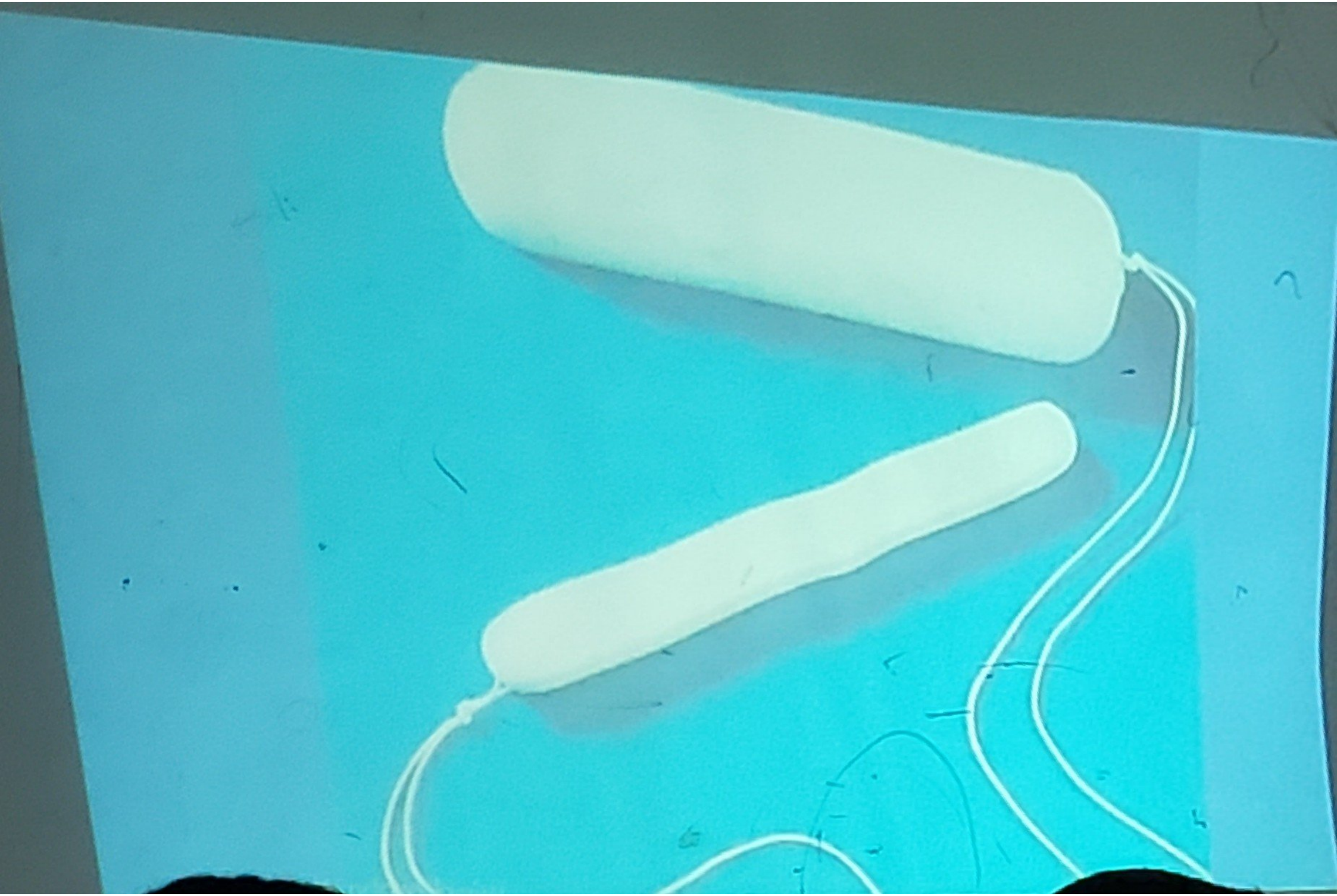
Taparse las fosas nasales con los dedos



ADAM

- **First aid :**
- Pinching the nose with thumb and index finger for about 5 minutes. This compresses the vessels of the Little's area.
- In Trotter's method patient is made to sit, leaning a little forward over a basin to spit any blood, and breathe quetly from the mouth.
- Cold compresses to the nose to cause reflex vasoconstriction.
- **Cauterisation :(Mild epistaxis)**
- In anterior epistaxis when bleeding point has been located
- The area is first anaesthetised and the bleeding point cauterised with a bead of silver nitrate or coagulated with electrocautery.
- Window bleed

- **Anterior nasal packing:**
  - If bleeding is profuse and/or the site of bleeding is difficult to localise, anterior packing should be done. One or both cavities may need to be packed.
  - Can be removed after 24 hours if bleeding has stopped.
  - If it has to be kept for 2 to 3 days, systemic antibiotics should be given to prevent sinus infection and toxic shock syndrome.



Posterior nasal packing :

- For patients bleeding posteriorly into the throat
- A postnasal pack is prepared by tying three silk ties to a piece of gauze rolled into the shape of a cone
- Patients requiring postnasal pack should always be hospitalised
- Folley's catheter can also be used
- Nasal balloons are also available

Endoscopic cautery :

For posterior bleeding point after locating with endoscope.

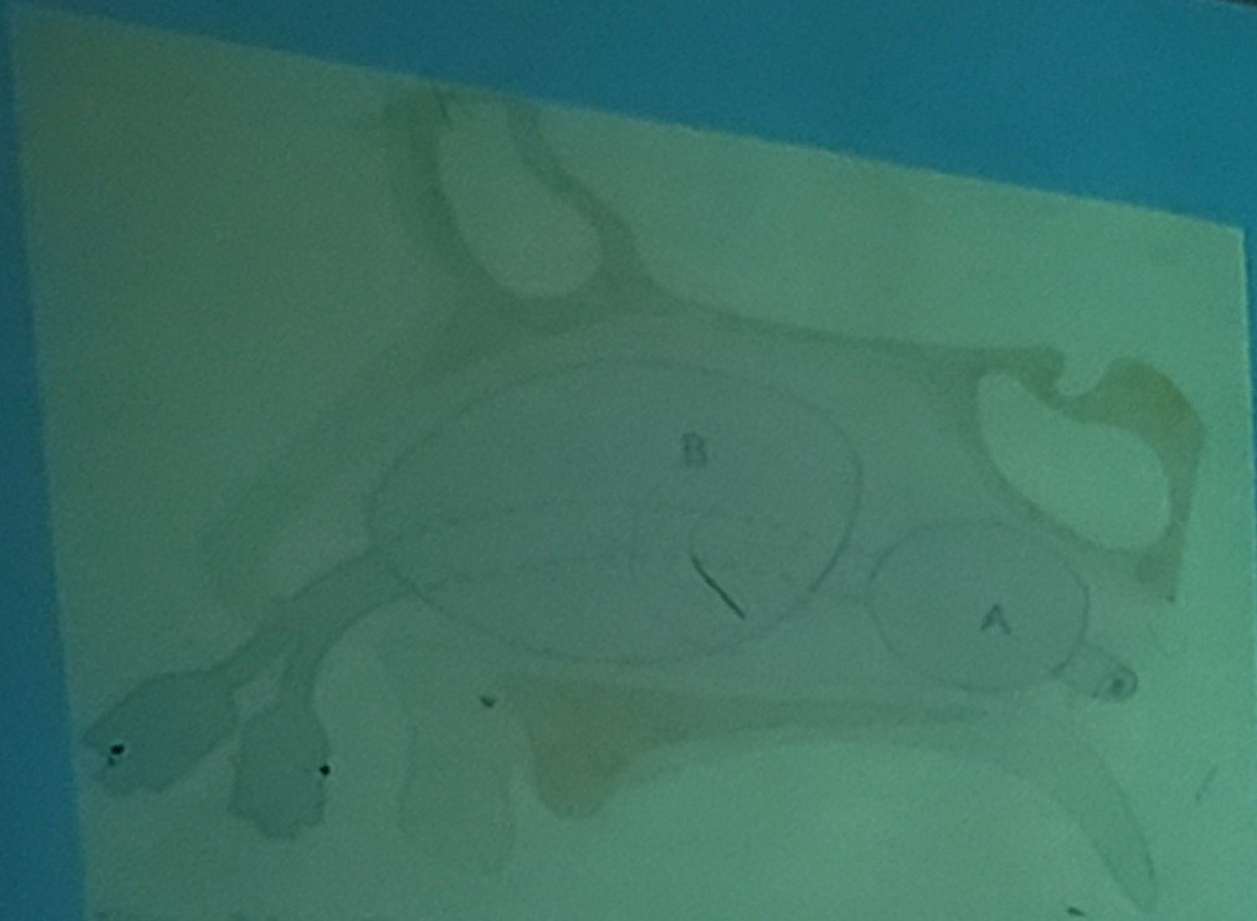
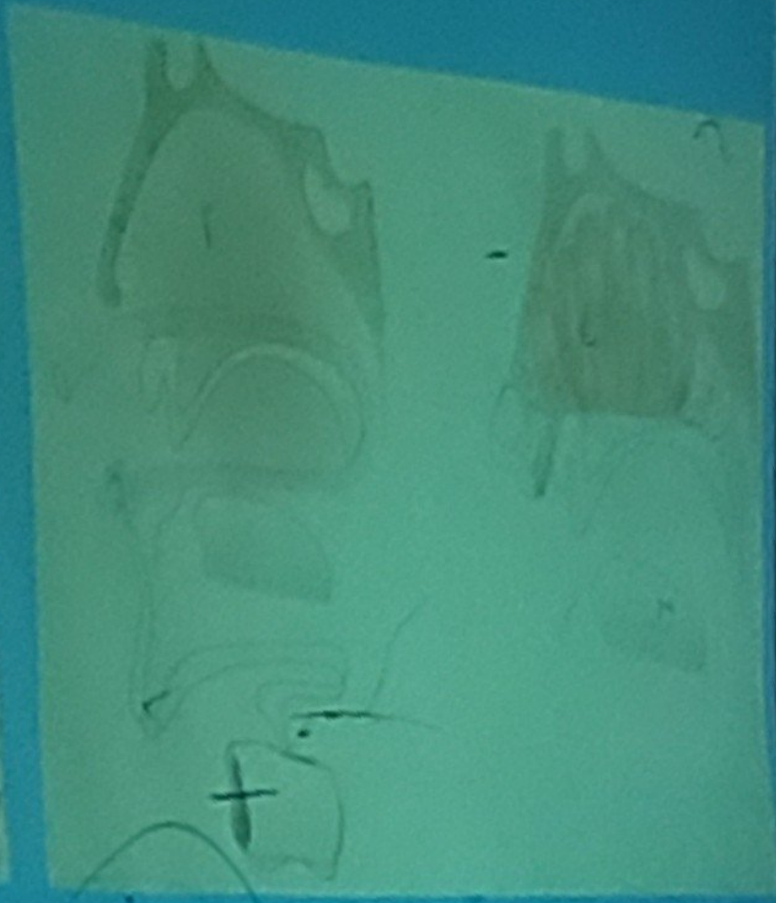
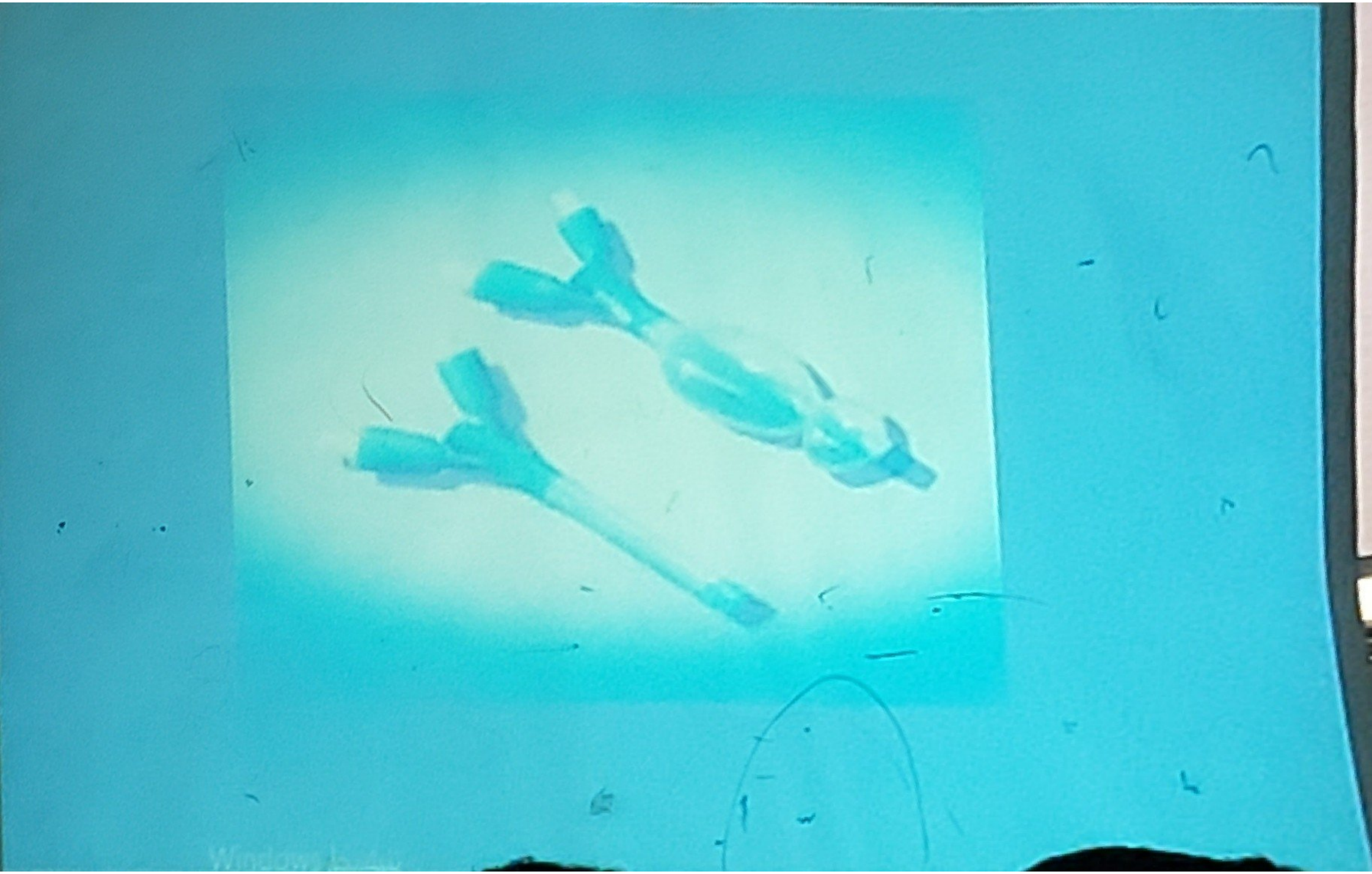


Fig. 34.4 Epistaxis balloon for posterior epistaxis. Posterior balloon (A) is inflated with 10 ml and anterior balloon (B) with 30 ml. Catheter provides nasal airway.





Ligation of vessels :

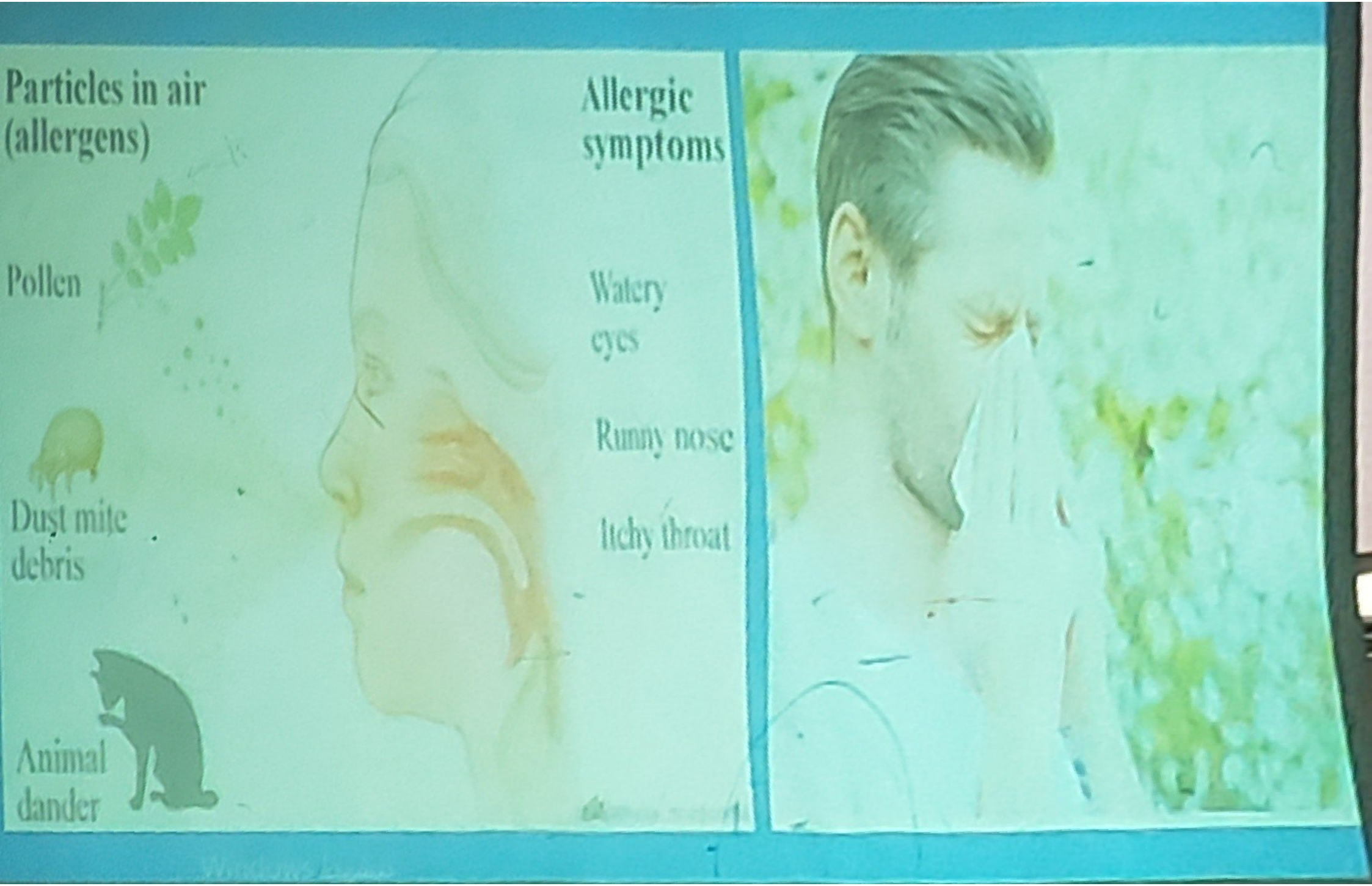
External carotid. Ligation of external carotid artery above the origin of superior thyroid artery (less effective)

Embolisation or lgation of more peripheral branches.

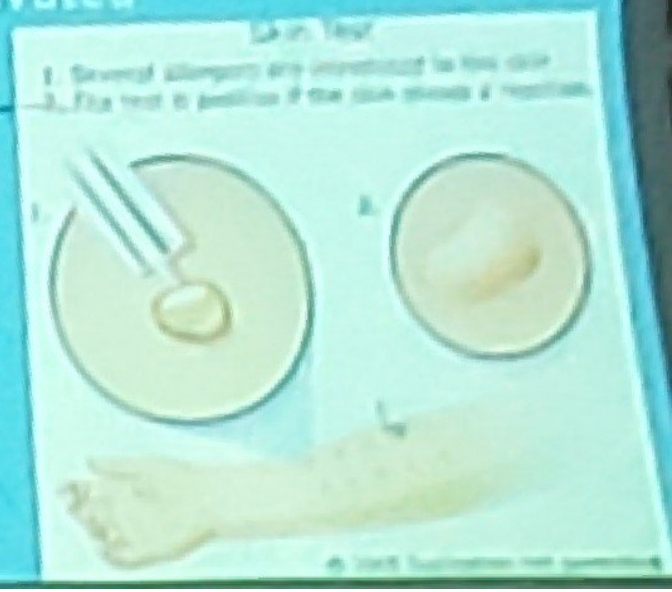
Maxillary artery. Ligation in uncontrollable posterior epistaxis. Endoscopic ligation of the maxillary artery can also be done through nose.

Ethmoidal arteries. In anterosuperior bleeding above the middle turbinate. The vessels are exposed in the medial wall of the orbit by an external ethmoid incision.

- Treat the underlying cause
- Manage the shock


Particles in air
(allergens)
Pollen
Dust mite
debris
Animal
dander
Allergic
symptoms
Watery
eyes
Runny nose
Itchy throat

- Types
- Pathogenesis
- Symptoms
- Signs
- Investigations
  - nasal cytology (eosinophils), serum IgE elevated
  - nasal challenge test , skin prick test
  - RAST

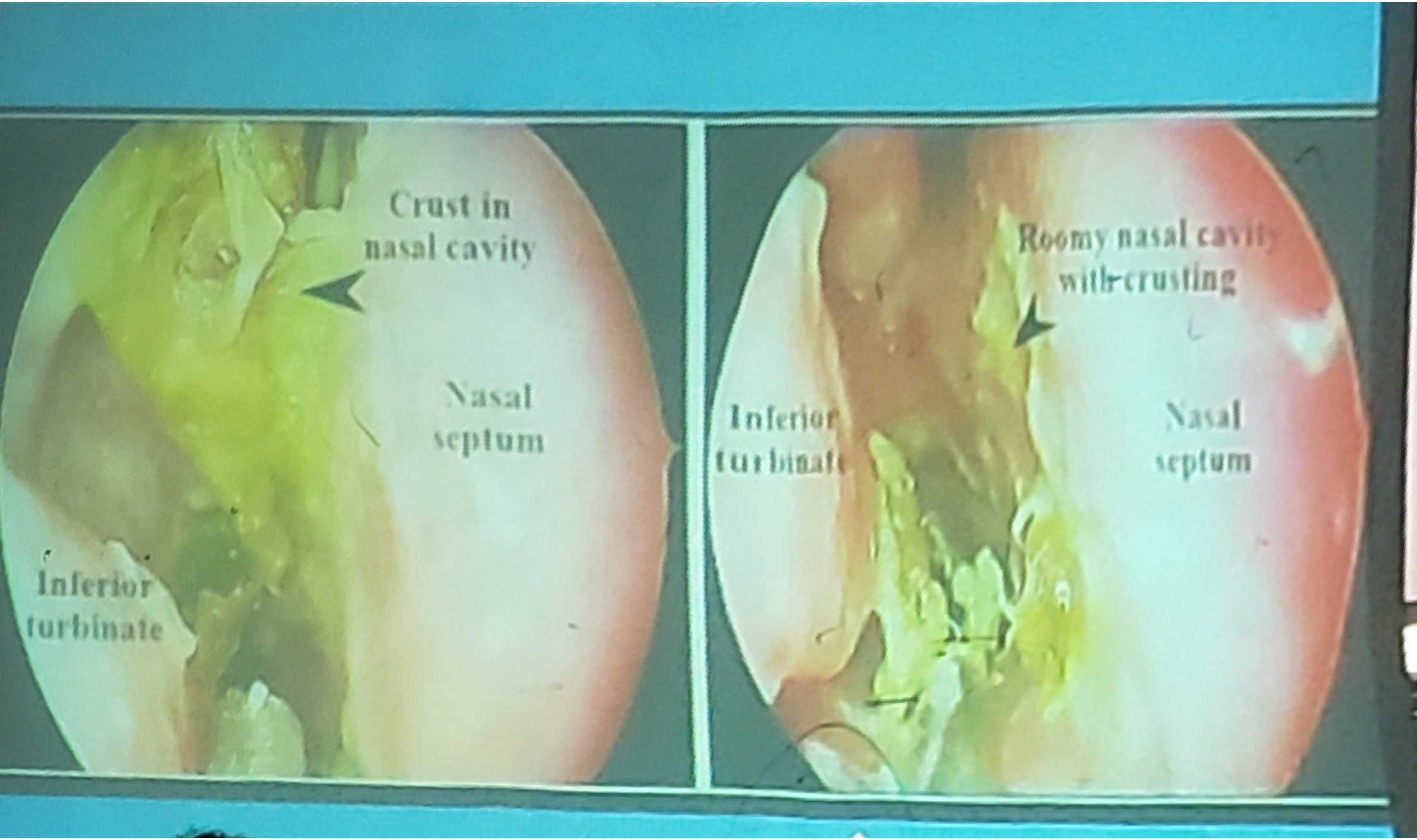


Treatment

Avoid exposure

Medical treatment

Surgical treatment


Crust in
nasal cavity
Nasal
septum
Inferior
turbinate
Roomy nasal cavity
with crusting
Inferior
turbinate
Nasal
septum

Causes

1ry / 2ry

Symptoms

Signs

Treatment

Medical treatment

Alkaline nasal douche /Menthol paraffin oil /25% Glucose in glycerin

AB, vit A , KI , estrogen....

Surgical treatment (Youngs operation)

*
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